ABSTRACT

According to the present invention a sensing means is provided for chronically measuring and/or sensing contractions of a right ventricle (RV) and/or a left ventricle (LV). The sensing means can include a tensiometric sensor, a single or a multiple axis accelerometer to measure peak endocardial acceleration due to atrial and ventricular depolarizations. For example, a tensiometric stylet, disposed within a portion of the coronary sinus, great vein, or branches of the great vein, simultaneously senses atrial contractions, RV contractions and LV contractions and provides an output signal related thereto. When an atrial contraction occurs, pacing stimulation is delivered to the LV upon expiration of a predetermined A-LV delay interval. The A-LV delay interval for the pacing therapy is adjusted so as to avoid delay between the respective contractions of RV and LV, respectively, and thereby promote ventricular synchrony.